



# CITY OF MIAMI BEACH EMPLOYMENT APPLICATION



## POLICE OFFICER CERTIFIED/NONCERTIFIED (circle)

THE CITY OF MIAMI BEACH IS AN EQUAL OPPORTUNITY/DRUG FREE EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF AGE, CITIZENSHIP, COLOR, RACE, DISABILITY, GENDER, MARITAL STATUS, NATIONAL ORIGIN, RELIGION, OR SEXUAL ORIENTATION. If you are disabled and require special accommodations during recruitment, testing or any phase of the hiring process, it is the applicant's responsibility to notify the City as soon as possible. The City will make every effort to provide reasonable accommodations.

<b>Social Security Number</b>		<b>Date</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>		
<b>Mailing Address</b>	<b>APT. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Telephone</b>	<b>Work Telephone</b>	<b>Beeper</b>	<b>Other Phone</b>	
( ) -	( ) -	( ) -	( ) -	
<b>Email Address:</b>				

### COMPLETE ENTIRE APPLICATION – DO NOT LEAVE ANY BLANKS – PRINT CLEARLY

Please check the appropriate YES/NO answer:

<b>Do you have a valid driver's license?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Will you be at least 19 years of age by 9/29/2005?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Are you a United States Citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Did you obtain a regular high school diploma or equivalent?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Are you a certified Police Officer in the State of Florida?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Do you currently have valid TABE results? (proof required)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO, BUT I HAVE 60 COLLEGE CREDITS OR HIGHER
<b>Are you currently enrolled in a State of Florida Basic Law Enforcement, Cross-Training or Equivalency Class?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Training Center _____ Class # _____ Graduation Date _____	
<b>Have you applied for the position of Police Officer/Police Officer Trainee with the City of Miami Beach in the last 12 months?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Date _____ Results _____	
<b>Have you ever been employed by the City of Miami Beach?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give dates of employment: from _____ to _____	

### VETERAN'S PREFERENCE

Completion of the Veteran's Preference Claim section is made on a voluntary basis and kept confidential in accordance with the American with Disabilities Act.

Listed below are the five Veteran's Preference categories.

1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement benefits, or pension under public laws administered by the Veteran's Affairs and /or the Department of Defense, **OR**
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or spouse of a veteran missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power, **OR**
3. A veteran of any war who has served at least one day or more during a wartime era; and who was discharged or separated therefrom under honorable conditions from the Armed Forces. Active-duty for training is not allowable, **OR**
4. An employee in a covered position who leaves employment to serve in the Armed Forces and is separated with an honorable discharge, and is reinstated within one year of the date of separation from the military service is entitled to veteran's preference on their first promotion following reinstatement, **OR**
5. The unremarried widow or widower of a veteran who died of a service-connected disability.

Documentation substantiating your claim must be submitted with this form (DD form 214 (Member-4) or Letter from the Florida Department of Veteran's Affairs or Department of Defense indicating service-connected disability) at the time of application. In addition, applicants claiming categories 1, 2, or 5 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Under the State of Florida Veteran's Preference Law, preference in appointment shall be given by the State of Florida and its political subdivisions to those persons in categories 1 and 2 and then those in categories 3 and 5. Retired military personnel are eligible.

If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Florida Department of Veteran's Affairs, Mary Grizzle Building, Suite 332-A 11351 Ulmerton Road, Largo, FL 33778-1630. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employer or within three months of the date the application is filed with the employer if no notice is given.

### VETERAN'S PREFERENCE CLAIM

**IF ELIGIBLE, WHICH VETERAN'S PREFERENCE CATEGORY ARE YOU CLAIMING? (Please Circle Appropriate Number) 1 2 3 4 5**

BRANCH OF SERVICE	DATE OF ENTRY	DATE OF DISCHARGE	TYPE OF DISCHARGE
IN THE STATE OF FLORIDA, HAVE YOU BEEN EMPLOYED BY A STATE UNIVERSITY, COMMUNITY COLLEGE, SCHOOL FOR THE DEAF OR BLIND, OR BY A POLITICAL SUBDIVISION (COUNTIES, CITIES, TOWNS, VILLAGES, SPECIAL TAX SCHOOL DISTRICTS, SPECIAL ROAD AND BRIDGE DISTRICTS, AND ALL OTHER DISTRICTS)?			

**IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:** ☐ Yes ☐ No

Name of the State and/or State political subdivision employer(s): \_\_\_\_\_

Dates of Employment: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employment Status: Full Time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Temporary: \_\_\_\_\_

**CERTIFICATION:** I hereby certify that all statements made on this form are true to the best of my knowledge. I realize that should an investigation disclose any misrepresentation, I may be subject to dismissal. Veteran's Preference applies only for the preferred applicant's initial employment by a covered employer; I understand that my Veteran's Preference status may be subject to change in the event that information is obtained which affects my preference determination. Previous employment with a governmental entity within the State of Florida will cause the veteran's preference to expire.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**OFFICE USE ONLY: VETERAN'S PREFERENCE RATING: (NONE) (5 POINTS) (10 POINTS DISABILITY) (30% OR MORE DISABILITY)**

**DRIVER'S LICENSE INFORMATION**

<b>Driver's License Number:</b>		<b>State Issued:</b>	<b>Date Issued:</b>	<b>Expiration Date:</b>
<b>Class A:</b> _____ <b>Class B:</b> _____ <b>Class C:</b> _____ <b>Class D:</b> _____ <b>Class E:</b> _____ (Regular) <b>Any Endorsements?</b> _____, _____, _____, _____		<b>Safe Driver?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Any Restrictions?</b>	
<b>List all convictions for any violations of the law.</b> Also, include any offenses to which you pled not guilty or Nolo Contendere after July 1, 1981, regardless of suspension of sentence or withholding of adjudication. <b>List all traffic tickets for moving violations received in the last three years.</b> Some convictions do not operate as automatic bars to appointment. Circumstances such as: the nature, severity, date, and job relatedness of offense(s), and the subsequent work history and efforts at rehabilitation are considered. <b>IF NONE, WRITE "NONE". DO NOT LEAVE ANY BLANKS. USE ADDITIONAL SHEETS IF NECESSARY.</b>				
OFFENSES AND TICKETS	PLACE (CITY & STATE)	DATE	DISPOSITION/FINE	

**AUTHORIZATION AND RELEASE OF BACKGROUND INVESTIGATION**

I hereby **CONSENT** for any duly authorized representative of the City of Miami Beach Police Department or Human Resources Department or Representative bearing this release or a copy thereof to obtain any information or records from persons, corporations, agencies, associations, institutions or organizations as may be relevant and necessary to determine my fitness and suitability for employment consideration with the City of Miami Beach for the above classification.

Such information and records may include, but are not limited to, those pertaining to abilities, affiliations, character, credit and finances, education, employment, family, insurance, judicial and law enforcement records, memberships, military, and motor vehicle operation and traffic history.

I hereby **AUTHORIZE** and direct you to release such information and records upon request to bearer. This authorization is executed with full knowledge and understanding that:

- Records and information disclosed shall be for official evaluation of my employment application by the City of Miami Beach and are used as selection criteria **ONLY** where related to performance of the job for which I have applied.
- The City of Miami Beach will take measures to protect the aforementioned information and records against unauthorized disclosure.
- Certain non-exempt portions of the background investigation process may be made available for inspection by third parties pursuant to the public records and other laws.

I hereby **RELEASE** the custodian of such records, including the City of Miami Beach and aforementioned persons, corporations, agencies, associations, institutions, organizations, and their employees, agents, and representatives, both individually and collectively, from any and all liability for damages by me, my heirs, family, or associates resulting from lawful compliance or any attempts at lawful compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

I certify that all of the information on this application and on documents submitted is true, accurate and complete to the best of my knowledge. I understand that all information and documents are subject to investigation and that exaggeration, falsification, misrepresentation, or omission is sufficient cause for disqualification, immediate dismissal from the City service and/or disqualification from applying for any position in the service of the City of Miami Beach. I also certify that I understand all information on the job announcement and that this application and accompanying documents are considered to be public records unless otherwise exempt under Chapter 119, Florida Statutes.

I understand that it is my responsibility to keep my address and telephone number(s) updated with the Human Resources Department. If I cannot be contacted, I may forfeit my eligibility for employment.

**APPLICATION MUST BE COMPLETED, NOTARIZED, AND SUBMITTED TO BE ELIGIBLE TO CONTINUE IN THE RECRUITMENT PROCESS**

By signing this document, I certify, under penalty of perjury, that all information in this application is true, accurate, and complete to the best of my knowledge. I understand that all information is subject to investigation and that exaggeration on, omission, falsification, or misrepresentation is sufficient cause for disqualification, immediate dismissal from City service, and/or disqualification from applying for any position with the City of Miami Beach. I am also attesting that I meet the minimum requirements as stated on the job announcement, pre-screen questionnaire, and that I have received an Applicant Information Handbook.

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant Name-Please Print: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BY ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2005, BY

\_\_\_\_\_ WHO IS PERONALLY KNOWN TO ME, OR WHO HAS PROVIDED \_\_\_\_\_

AS IDENTIFICATION, AND DID / DID NOT TAKE AN OATH.

\_\_\_\_\_  
(SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT)

NOTARY SEAL

Mail applications to:  
City of Miami Beach Police Department  
Attn: Police Recruitment  
1100 Washington Avenue  
Miami Beach, FL 33139

**We recommend that applications sent by mail have Delivery Confirmation from the United States Postal Service. Use the fluorescent green Delivery Confirmation label, PS Form 152.** Delivery Confirmation is the United States Postal Service low cost option which gives applicants the date, zip code, and time the application was delivered. Applicants can confirm delivery information by phone or through the internet with the Track & Confirm tool of the United States Postal Service. Applicants can also use the Certified Mail, however, **DO NOT REQUEST A RETURN RECEIPT.**

TO APPLY IN PERSON, REFER TO THE JOB ANNOUNCEMENT FOR LOCATIONS AND TIMES.

ALL APPLICATIONS ARE PUBLIC RECORD. All applications must be post marked no later than September 28, 2005.

**THE FOLLOWING INFORMATION IS USED TO COMPLY WITH FEDERAL EQUAL OPPORTUNITY REPORTING REQUIREMENTS AND IS NEITHER A PART OF YOUR APPLICATION NOR HAS ANY BEARING ON YOUR CONSIDERATION FOR EMPLOYMENT.**

**Gender:** ☐ Female ☐ Male

**Ethnic Origin: Check Only One (1)**

- ☐ **White:** (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North America, North Africa or the Middle East.
- ☐ **African-American/Black:** (Not of Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
- ☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Samoan Islands and the Philippine Islands.
- ☐ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**Referral Source: Check Only One (1)**

- |                                                             |                                                       |                                                    |
|-------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> 911hotjobs.com (HJ)                | <input type="checkbox"/> Hola Amigos (HA)             | <input type="checkbox"/> Notification Card (NC)    |
| <input type="checkbox"/> Job Announcement (AN)              | <input type="checkbox"/> IACP (IA)                    | <input type="checkbox"/> Officer.com (OC)          |
| <input type="checkbox"/> Art Deco (D)                       | <input type="checkbox"/> La Voz (LV)                  | <input type="checkbox"/> Policeemployment.com (PE) |
| <input type="checkbox"/> American Police Beat (APB)         | <input type="checkbox"/> Lawenforcementjobs.com (LEJ) | <input type="checkbox"/> Palm Beach Post (PBP)     |
| <input type="checkbox"/> Career Fair (CF)                   | <input type="checkbox"/> Miami Herald (H)             | <input type="checkbox"/> Sun Sentinel (S)          |
| <input type="checkbox"/> City Employee (CE)                 | <input type="checkbox"/> Miami Times (T)              | <input type="checkbox"/> Theblueline.com (TBL)     |
| <input type="checkbox"/> Detroit Free Press (DF)            | <input type="checkbox"/> Militaryexits.com (ME)       | <input type="checkbox"/> Tiempo Nuevo (TN)         |
| <input type="checkbox"/> El-Herald (E)                      | <input type="checkbox"/> Militaryhire.com (MH)        | <input type="checkbox"/> Vetjobs.com (VJ)          |
| <input type="checkbox"/> Florida Police Chief Intranet (FP) | <input type="checkbox"/> Monster.com (M)              | <input type="checkbox"/> Walk-In (WI)              |
| <input type="checkbox"/> Florida Times-Union (FT)           | <input type="checkbox"/> National FOP (NF)            | <input type="checkbox"/> Other (O) – specify _____ |
| <input type="checkbox"/> Friend (F)                         | <input type="checkbox"/> National PBA Magazine (NM)   |                                                    |
| <input type="checkbox"/> GovJobs.com (GJ)                   | <input type="checkbox"/> NAACP (NA)                   |                                                    |